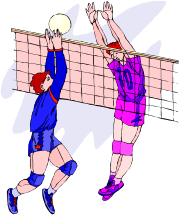
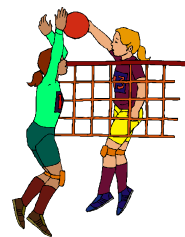


Youth Volleyball



Sponsored by the
Williamsburg Department of
Recreation



BOYS & GIRLS, AGES 8 THROUGH 16

GENERAL INFORMATION

1. **Registration deadline:** Monday, September 8 at 5:30 p.m. Registrations should be turned in to the Williamsburg Recreation Department at 202 Quarterpath Road. The registration fee is \$35.00 for the 1st child in a family and \$30.00 for any subsequent children in that family.
2. **Team Meetings/Practices:** AGES 8-12 at Quarterpath Gym on **Wednesday, September 10** at 5:15 p.m.. AGES 13-16 at Quarterpath Gym on **Thursday, September 11** at 5:15 p.m. *Teams will be announced on these days!*
3. **Clinic:** Wednesday, September 11 at 5:30 p.m., the William & Mary Volleyball Team, coached by Debbie Hill, will conduct a clinic for players in both age groups. *Please try to attend!*
4. **League Play:** Will begin the week of **September 29** and last for **six weeks**. Tentatively, both Leagues will play on Mondays and/or Wednesdays at 5:30 p.m.
5. All participants will receive a T-Shirt.
6. For more information, call **259-3760** between the hours of 8:00 a.m. and 5:30 p.m.

**ONLY THE FIRST 72
REGISTRANTS WILL
BE ACCEPTED IN
EACH AGE GROUP!**

**PARTICIPANTS MUST PAY THE
REGISTRATION FEE BEFORE
THEY CAN COMPETE.**

THE WILLIAMSBURG DEPARTMENT OF PARKS AND RECREATION DOES NOT DISCRIMINATE ON
THE BASIS OF DISABILITY IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR
EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.

**WILLIAMSBURG DEPARTMENT OF RECREATION
YOUTH VOLLEYBALL LEAGUE REGISTRATION FORM**



PLEASE PRINT

PLAYER'S NAME: _____ GENDER: M / F

LIVES WITH: (Check one) Father Mother Both AGE: _____ BIRTH DATE: _____

SCHOOL PLAYER ATTENDS: _____ GRADE: _____

Does the participant have a physical or medical impairment the Recreation Department should know about?
Yes _____ No _____ If Yes, Specify _____

Diggers Division (Ages 8-12) _____

Jr. Olympic Division (Ages 13-16) _____

FATHER OR GUARDIAN

NAME: _____
STREET: _____
CITY: _____ ZIP: _____
SUBDIVISION: _____
HOME PHONE: (_____) _____
BUSINESS PHONE: (_____) _____

MOTHER OR GUARDIAN

NAME: _____
STREET: _____
CITY: _____ ZIP: _____
SUBDIVISION: _____
HOME PHONE: (_____) _____
BUSINESS PHONE: (_____) _____

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Volleyball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DEAR PARENT: We are in need of volunteer coaches in order to have a successful program. Coaching takes only a couple of hours each week and does not require extensive knowledge of volleyball. If you are interested in being a coach, please sign below.

***We urge all coaches to attend a coaches clinic on Monday, March 10 at
the Quarterpath Recreation Center from 5:30 to 6:30 p.m.***

NAME: _____ Head Coach: _____
Asst. Coach: _____
PHONE NUMBER: (H) _____ (W) _____

In an effort to better insure the safety of all children participating in the many programs and activities, the recreation department now requires all coaches to undergo a background check. Your cooperation is imperative to complete this process at your earliest convenience since it takes 4 to 6 weeks to process. Please call 259-3760 if you are interested in coaching.

ADULT T-SHIRT SIZE (Check one)

Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐

NO REFUNDS AFTER THE GAMES BEGIN

OFFICE USE ONLY:

REG. FEE PAID \$ _____ Check _____ Cash _____ Receipt Number _____ Date _____

Payment must accompany registration form.